| | PAT | FN | T APPLICA | STION E | FF BETER | ••• | | | | 1 | Applica | ation | or (| Docket N | lumber | | | |
|-------------|---------------------------------------|--|---|----------------|--|---------|------------------|--------------|---------------|------------|----------------|------------------|--------------|----------------------------|------------------|----------|--|--|
| | | PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | | | 16/123632 | | | | | |
| | | | CLAIMS | | ED - PART | 1 | | | SMA | 116 | MITTER | , | | UV | | | | |
| | TOTAL CL | AIM | S | (Co | (Column 1) (Column 2) | | | | | | | | | OTHER THA OR SMALL ENTI | | N TY | | |
| | FOR | | | NU I | MBER FILED | - | | - | RA | | FE | E | | RATE | FE | Ε | | |
| | TOTAL CHA | RGE | ABLE CLAIM | | minus 20= | * | JMBER EXTRA | - | BASI | | 150. | 00 | OR | BASIC FI | EE 300. | 00 | | |
| | INDEPENDE | NT C | CLAIMS | 1. | minus 3 = | 4 | - | \dashv | X\$: | 25≃ | | _ | OR | X\$50= | : | | | |
| | MULTIPLE D | EPE | NDENT CLAIR | MPRESEN | | | П | - | X10 | 0= | <u> </u> | _ | OR | X200= | 1 | | | |
| I | * If the differen | ence | in column 1 | is less tha | an zero, enter | "O" id | n column 0 | ل | +18 | 0= | | c | R | +360= | 1 | | | |
| l | ololy | | | | DED - PART | | COlumn 2 | | TOT | AL | | J∘ | P | TOTAL | <u>t</u> | | | |
| ŀ | 0/1/06 | | (Column 1 | | (Colum | n 2) | (Column 3 |) . | SMA | LL E | NTITY | , OI | R | OTHEI SMALL | R THAN ENTITY | | | |
| AMENOAPTIE | WENT A | | REMAINING AFTER AMENDMEN | | HIGHE NUMBI PREVIOL PAID FO | ER | PRESENT EXTRA | | RATE | | ADDI- IONA | ٦ | T | RATE | ADDI TIONA | 7 | | |
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| _ | | | THE TOTAL | MOCTIFIE (| JEPENUENT C | LAIN | 4 | <u> </u> | 400 | + | | -JOF | ` - | | | - | | |
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| _ | | | (Column 1) | | (Column | 2) | _(Column 3) | AE | DIT. FE | | ****** | JOR | ADI | TOTAL DIT. FEE | <u>-</u> | 4 | | |
| AMENDMENT B | | 1 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBER PREVIOUS PAID FOR | l LY | PRESENT EXTRA | | RATE | TIC | DDI- DNAL | | F | ATE | ADDI- TIONAL | 1 | | |
| | Total | Ŀ | | ReniM | et ; | | = | T | \$ 25= | 1- | EE | | _ | \$50= | FEE | | | |
| Ę | Independent | | | Minus | *** | | = | - | 100= | ╁ | | OR | _ | | | | | |
| _ | TINOT PAES | ENI | ATION OF MU | JLTIPLE DE | PENDENT CL | AIM | | F | 100= | ╂— | | OR | X | 200= | | ŀ | | |
| | | | | | | | | | 180= TOTAL | | | OR | | 60= | | _ | | |
| _ | | (| Column 1) | | (Column 2 | ٠. | (Column a) | ADD | IT. FEE | | | OR A | W DI | TOTAL T. FEE | | | | |
| . | | I | CLAIMS REMAINING | - | HIGHEST NUMBER | | (Column 3) | | | 400 | <u> </u> | r | | · | | | | |
| | | A | AFTER MENOMENT | <u>-</u> | PREVIOUSLY PAID FOR | | PRESENT EXTRA | R/ | ATE . | AD TION | IAL | - 1 | RA | | ADDI: IONAL | | | |
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PTD:SB76 (12-04)
PTD:SB76 (12-04)
Approved for user/brough 7/31/2008, CMB 0651-0032
U.S. Petient and Trademant Office; U.S. DEPARTMENT OF CONNERCE

| Under the Peperwork Reduction Act of 1993, no persons are required to respond to a collection of information unterest PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | | Applic | Application of Doctor Municipal Control number. 101723 632 | | | |
|---|--|--|--|----------|---|------------------|----------|----------------------|----------------------------|--------|---|----------------------------|--|--|
| | | PPLICAT | ION AS F | | - PART I | | SMALL | ENTITY | Q R | OTHER | ER THAN LL ENTITY | | | |
| | FOR | | OMBER FIL | ED ED | MANBER EXTRA | |] | RATE (8) | FEE (I) | | RATE (S) | FEE (8) | | |
| 38 | CHE CHR 1.18(1), (b), or | (ca) | | | | | | | | | | | | |
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| ÇII | CFR 1.18(00) | 17 (2) | minus 3 • 3 • 10 to specification and drawings exceed 100 | | | | | × • | ļ | l | × • | | | |
| FEI | LICATION SIZE CFR 1.16(4) | sher is \$2 addi | thests of paper, the application size fee due a \$250 (\$125 for small entity) for each idditional 50 sheets or fraction thereof. See 15 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). | | | | | | | | | | | |
| MU | LTIPLE CEPENC | BITGAM | PRESENT (| I CFR 1 | .16(0) | | | | | | | | | |
| -8 | he difference in c | solumn 1 is te | sa Chen zavo | enter 7 | 7 in calumn | 2. | | TOTAL | | | · TOTAL | | | |
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| ENT A | A | CLAIM REMAND AFTER AMENDM | NT THE | PR | IGHEST ADDER EVIOUSLY AD FOR | PRESENT EXTRA | | RATE (5) | ADOI- TIONAL FEE (8) | | RATE (8) | ADDI- TIONAL FEE (8) | | |
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| 3 | Application Sta | | | | | | <u> </u> | | | | | | | |
| • | PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.180) | | | | | | | | | OR | · | | | |
| | | | | | | | | TOTAL . ADD'L FEE | | OR | TOTAL ADDIL FEE | | | |
| 4 | 111/00 | Column 2) | | | | - | • | | | | | | | |
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| لَـ | PRIST PRESENTATION OF MATURE DEPENDENT CLAIM (MF CFR L 18(3) | | | | | | | | | QFR. | | | | |
| • | A Minerature and many 4 to have decay to a second a second as a se | | | | | | | | | OR | TOTAL ADDIL FEE | | | |
| If the entry in column 1 to less than the entry in column 2, with "o' to column 3. If the "Highest Number Previously Paid For" IN THUS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For" IN THUS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" IN THUS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. If the collection of information is the second of the second or in the second of the seco | | | | | | | | | | | | | | |
| This collection of information is required by SY CFR 1.18. The information is required to obtain or rotate a benefit by the public which is to the (and by the ISPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes in complete. | | | | | | | | | | | | | | |

Inducing sathering, property, and submitting the completed by 25 U.S.C. 122 and 37 CPR 1, 14. This collection is estimated to take 12 minutes to complete, including sathering, property, and submitting the complete desprication from to the USPTO, Time will vary depending upon the includual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this hander, should be sent to the Chief information Officer, U.S. Peterts and Trademark Office, U.S. Dependent of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Committee long of Patients, P.O. Box 1450, Alexandria, VA 22313-1450.